

PART B - FEE(S) TRANSMITTAL

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109 7590 09/07/2007

THE DOW CHEMICAL COMPANY
 INTELLECTUAL PROPERTY SECTION, P. O. BOX 1967
 MIDLAND, MI 48641-1967

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11/23/2007 WASFAW2 00000002 041512 10533854

01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA

Crystal S. Rohde	(Depositor's name)
<i>Crystal S. Rohde</i>	(Signature)
November 19, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/533,854	05/04/2005	Raymond J Swedo	62751B	8621

TITLE OF INVENTION: NOVEL PHENOLIC RESINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRUONG, DUC	1711	528-129000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Angus Chemical Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Buffalo Grove, Illinois, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1512 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Raafat M. Shaltout
 Typed or printed name Raafat M. Shaltout

Date Oct. 23, 2007
 Registration No. 45,092

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